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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 68

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Juan Antonio { If child is not yet named, make supplemental report, as directed

3. Sex M If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature Yes Full term _____ 7. Legitimate? Yes 8. Date of birth 7-30, 1930
(month, day, year)

9. Full name of FATHER Remedio Centeno
10. Residence (usual place of abode) Hayden
(If nonresident, give place and State)
11. Color or race Mex 12. Age at last birthday 35 (Years)
13. Birthplace (city or place) Juanajuato
(State or country) Mex
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Smelter
16. Date (month and year) last engaged in this work 7-30, 1930
17. Total time (years) spent in this work _____

18. Full maiden name of MOTHER Susara Allo
19. Residence (usual place of abode) Hayden
(If nonresident, give place and State)
20. Color or race Mex 21. Age at last birthday 33 (Years)
22. Birthplace (city or place) Juanajuato
(State or country) Mex
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home life
25. Date (month and year) last engaged in this work 7-30, 1930
26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 5 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 7:30 p.m. on the date above stated
(Born alive or ~~stillborn~~)
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }
(Signed) Charles K. Heston, M.D.
or _____, Midwife
Given name added from a supplemental report _____ (Date of) _____
Address Hayden Arizona
Filed July 31, 1930 W.D. Pugh
Registrar. _____ Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

116-735-216